

## **6th Norfolk Blitz Tournament**

**Monday 25<sup>th</sup> May 2026**

**Doors open at 11 am**

**Starting at 11.30 am**

**Horstead Tithe Barn, Rectory Road,  
Horstead, NR12 7EP**

**Rounds 1-4 11.30 - 13.10**

**Lunch Break 13.10 - 14.10**

**Rounds 5-7 14.10 - 15.25**

**Rounds 8-10 15.35 - 16.50**

**Play Off (if required) 17:00**

**Rate of Play: 5 minutes plus 2 seconds per move**

**Entry Fee £15(adults) £10 (Juniors)**

## **LIMITED TO 40 ENTRANTS**

**Closing date for entries 7pm Saturday 23rd May 2026**

**ECF Blitz or ECF Rapidplay ratings used or, if neither, ECF Standard play ratings.** Unrated players will be allocated a rating but will be ineligible for any rating prize.  
**Games will be submitted to ECF for rating.**

**ECF Membership is not required.**

**Prizes will be dependent on entries. First, Second and rating prizes if sufficient entries.**

**FIDE Laws of Chess (Appendix B) apply. The Controller's decision is final in all matters**

**Controller:** John Wickham (FIDE Arbiter)

**Tournament type** Dependent on entries but likely a Swiss if sufficient entries.

There will be two sections, Championship and Challengers, subject to sufficient entries

**Refreshments-** Tea, Coffee and biscuits will be available.

There are places to purchase food nearby, but you may wish to bring your own lunch.

**Payment:**

Please pay by bank transfer using Account No. 44416568 and Sort Code 30-90-90. Account name: Norfolk County Chess Association.

If using this method, then quote your name in the comments and email John Wickham ([j.r.wickham@btinternet.com](mailto:j.r.wickham@btinternet.com)) to confirm payment has been made.

If unable to pay by bank transfer, then cash payment on the day is acceptable.

**On Line entry Form:**

<https://forms.gle/QcMNkJs8UFBInsgSA>

**Entry Form** Please complete in Block Capitals and email the details or send to John Wickham, 55 Shakespeare Way, Taverham, Norwich, NR8 6SL or send the details by email: [j.r.wickham@btinternet.com](mailto:j.r.wickham@btinternet.com) Tel: 07808 876785

**Full Name:** .....

**ECF Rating No:** .....

**Blitz/Rapidplay Rating**.....

**If none then Normal Play Rating:** .....

**Date of Birth (Juniors only)** .....

**Address:**

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**Post Code:**

**Email:**

**Tel No:**

**Entry Fee paid** £.....

**Donation (Gratefully Received)** £.....

**Total** £.....